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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

To: Department of Alcoholic Beverage Control
1901 Broadway
Sacramento, Calif. 95818

(DISTRICT SERVING LOCATION)

The undersigned hereby applies for
licenses described as follows:

2. NAME(S) OF APPLICANT(S)

Lucky Stores, Inc.

(a Delaware corporation)

1. TYPE(S) OF LICENSE(S)

OFF-DRINK GENERAL

Applied under Sec. 24044 ☐

Effective Date:

FILE NO.

GEOGRAPHICAL
GEOGRAPHICALDate
Issued

Temp. Permit

Effective Date:

3. TYPE(S) OF TRANSACTION(S)

FEE

LIC.
TYPE\$
1,274

21

4. Name of Business

Lucky's

5. Location of Business—Number and Street

340 W. Kettleman Ln.

City and Zip Code

Lodi 95240

County

San Joaquin

TOTAL

\$
1,274

21

**6. If Premises licensed,
Show Type of License**

21-143433

7. Are Premises Inside

City Limits? yes

8. Mailing Address (if different from 5)—Number and Street

Lucky Stores, Inc., 7777 Highway 99, Suite 100, Dublin, CA 94568

P.O. Box 88, 6390 Clark Ave. (Temp) (Perm)
Dublin, CA 94568**9. Have you ever been convicted of a felony?**

N/A corporation

**10. Have you ever violated any of the provisions of the Alcoholic
Beverage Control Act or regulations of the Department per-
taining to the Act?****11. Explain a "YES" answer to items 9 or 10 on an attachment which shall be deemed part of this application.****12. Applicant agrees (a) that any manager employed in on-sale licensed premises will have all the qualifications of a licensee, and
(b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.****13. STATE OF CALIFORNIA**

County of Alameda

Date 8-25-88

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing application and knows the contents thereof and that each and all of the statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant's or applicants' business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

**14. APPLICANT
SIGN HERE**

James A. Toopes, Vice President

APPLICATION BY TRANSFEROR**15. STATE OF CALIFORNIA**

County of Alameda

Date 8-24-88

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the licensee, or an executive officer of the corporate licensee, named in the foregoing transfer application, duly authorized to make this transfer application on its behalf; (2) that he hereby makes application to surrender all interest in the attached license(s) described below and to transfer same to the applicant and/or location indicated on the upper portion of this application form, if such transfer is approved by the Director; (3) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (4) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

16. Name(s) of Licensee(s)**17. Signature(s) of Licensee(s)****18. License Number(s)**

Lucky Stores, Inc.

(a Delaware corporation)

S. Patric Plumley, Assistant Secretary

21-143923

19. Location

Number and Street

340 W. Kettleman Ln.

City and Zip Code

Lodi 95240

County

San Joaquin

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☒ (OTHER)

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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

To: Department of Alcoholic Beverage Control
1901 Broadway
Sacramento, Calif. 95818

(DISTRICT SERVING LOCATION)

The undersigned hereby applies for
licenses described as follows:

2 NAME(S) OF APPLICANT(S)**1. TYPE(S) OF LICENSE(S)**

Off-Sale General

Applied under Sec. 24044 ☐

Effective Date:

FILE NO.**RECEIPT NO.**GEOGRAPHICAL
CODE 3902Date
Issued

Temp. Permit

Effective Date:

(a Florida corporation)

3. TYPE(S) OF TRANSACTION(S)**FEE****LIC.
TYPE**

Person Transfer

\$
1,274

21

4. Name of Business

Lucky Stores

5. Location of Business—Number and Street

530 W. Lodi Ave.

City and Zip Code

Lodi 95240

County

San Joaquin

TOTAL \$
1,274

21

6. If Premises Licensed,

Show Type of License 21-030015

**7. Are Premises Inside
City Limits?** Yes**8. Mailing Address (if different from 5)—Number and Street**Lucky Stores, Inc., 1701 Faraday, Sacramento, Calif. 95811 P.O. Box 88, 6300 Clark Ave. (Temp) (Perm)
Dublin, CA 94568**9. Have you ever been convicted of a felony?**

N/A corporation

**10. Have you ever violated any of the provisions of the Alcoholic
Beverage Control Act or regulations of the Department per-
taining to the Act?** No**11. Explain a "YES" answer to items 9 or 10 on an attachment which shall be deemed part of this application.****12. Applicant agrees (a) that any manager employed in on-sale licensed premises will have all the qualifications of a licensee, and
(b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.****13. STATE OF CALIFORNIA**

County of Alameda

Date 8-25-87

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing application and knows the contents thereof and that each and all of the statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant's or applicants' business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

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James A. Toopes, Vice President

APPLICATION BY TRANSFEROR**15. STATE OF CALIFORNIA**

County of Alameda

Date 8-25-87

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16. Name(s) of Licensee(s)**17. Signature(s) of Licensee(s)****18. License Number(s)**

Lucky Stores, Inc.

S. Patric Plumley, Assistant Secretary

21-030015

(a Delaware corporation)

S. Patric Plumley, Assistant Secretary

19. Location

Number and Street

530 W. Lodi Ave.

City and Zip Code

Lodi 95240

County

San Joaquin

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☐ (OTHER)

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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

To: Department of Alcoholic Beverage Control
1901 Broadway
Sacramento, Calif. 95818 Stockton
(DISTRICT SERVING LOCATION)

The undersigned hereby applies for
Licenses described as follows:

2. NAME(S) OF APPLICANT(S)

DILLON'S

Marilyn DILLON - Pres.

Mesa F. BRADLEY - V. Pres./CFO

David DILLON - Sec.

James BRADLEY - Ast. Sec./CFO

4. Name of Business
Dillon's

5. Location of Business—Number and Street

1110 West Kettleman Lane STE 3

City and Zip Code

Los Angeles 90040

County

San Joaquin

6. If Premises Licensed,
Show Type of License

8. Mailing Address (if different from 5)—Number and Street
SAME

9. Have you ever been convicted of a felony?

A Corp

1. TYPE(S) OF LICENSE(S)

OFF SALE BEER AND WINE

Applied under Sec. 24044 ☐
Effective Date: Issuance

FILE NO.

RECEIPT NO.
42-11

GEOGRAPHICAL
CODE 3902

Sore
Issued

Temp. Permit

Effect. Date:

3. TYPE(S) OF TRANSACTION(S)

ORIGINAL

Annual Fee

FEE

\$ 100.00

29.00

TOTAL \$ 128.00

LIC.
TYPE

20

7. Are Premises Inside
City limits?

Yes

(Temp) (Perm)

Perm

10. Have you ever violated any of the provisions of the Alcoholic
Beverage Control Act or regulations of the Department per-
taining to the Act? No

11. Explain a "YES" answer to items 9 or 10 on an attachment which shall be deemed part of this application.

12. Applicant agrees (a) that any manager employed in on-sale licensed premises will have all the qualifications of a licensee, and
(b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

13. STATE OF CALIFORNIA

County of San Joaquin

Date 8-18-88

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing application and knows the contents thereof and that each and all of the statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant's or applicants' business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

14. APPLICANT
SIGN HERE

Marilyn Dillon

Vice President

APPLICATION BY TRANSFEROR

15. STATE OF CALIFORNIA

County of _____ Date _____

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16. Name(s) of Licensee(s)

17. Signature(s) of Licensee(s)

18. License Number(s)

19. Location

Number and Street

City and Zip Code

County

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Office on _____ Receipt No. _____

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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

To: Department of Alcoholic Beverage Control
 1901 Broadway Stockton
 Sacramento, Calif. 95818

(DISTRICT SERVING LOCATION)

The undersigned hereby applies for
 licenser described as follows:

2 NAME(S) OF APPLICANT(S)

WILKINSON, Mary Jane/William Allen

1. TYPE(S) OF LICENSE(S)

On Sale Beer & Wine
 Eating Place

FILE NO.**RECEIPT NO.**

413799
**GEOGRAPHICAL
 CODE 3902**

Date
 Issued

Temp. Permit

Applied under Sec. 24044 ☐

Effective Date: Issuance

Effective Date:

3 TYPE(S) OF TRANSACTION(S)**FEE****LIC.
TYPE**

Original License

\$ 300.00

41

Annual Fee

197.00

4. Name of Business

Lodi Pizza Bank

5. Location of Business—Number and Street

400 E. Kettleman Lane, Ste. C-6 & 7

City and Zip Code
 Lodi, 952413

County
 San Joaquin

TOTAL \$ 497.00

6. If Premises Licensed.

Show Type of License NO

**7. Are Premises Inside
City Limits?**

Yes

8. Mailing Address (if different from 5)—Number and Street

(Temp) (Perm)

Same

9. Have you ever been convicted of a felony?

No

**10. Have you ever violated any of the provisions of the Alcoholic
Beverage Control Act or regulations of the Department per-
taining to the Act?**

No

11. Explain a "YES" answer to items 9 or 10 on an attachment which shall be deemed part of this application.

12. Applicant agrees (a) that any manager employed in on-sale licensed premises will have all the qualifications of a licensee, and
 (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

12. STATE OF CALIFORNIA

County of San Joaquin

Date 8-17-88

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APPLICATION BY TRANSFEROR**15. STATE OF CALIFORNIA**

County of

Date

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16. Name(s) of Licensee(s)**17. Signature(s) of Licensee(s)****18. License Number(s)****19. Location**

Number and Street

City and Zip Code

County

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